

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 133
Registered No. 125

1. PLACE OF BIRTH

County Gila State Ariz.
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mary Elsie Henry (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 7. Date of birth July 8, 1929
Month Day Year

8. FATHER Full name Ernest Ed Henry 14. MOTHER Full maiden name Carrie Roxie Collins

9. Residence (Usual place of abode) Globe, Ariz. 15. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 23 (Years) 16. Color or race White 17. Age at last birthday 16 (Years)

12. Birthplace (city or place) St. Thomas, Ariz. 18. Birthplace (city or place) Alpine, Texas.
(State or country)

13. Occupation Laborer 19. Occupation Housewife
Nature of industry

20. Number of children of this mother 1 (a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes
(Taken as of time of birth of child herein certified and including this child.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5:40 A.M. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. C. Harper (Physician or midwife)
Physician

Given name added from _____ Address Globe, Arizona
supplemental report Month, day, year

Filed 8/7 1929 H. E. Wighams Registrar

Registrar